



## GREENBELT COMMUNITY CENTER

15 Crescent Road, Greenbelt, MD 20770  
Phone: 301-397-2208 Fax: 301-220-0561  
E-Mail: Rebekah Sutfin-- rsutfin@greenbeltmd.gov

*Office Use Only:*

Date Entered:  
Rental Fee:  
Security Deposit:  
Total:

### FACILITY RENTAL APPLICATION

Name/Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

#### EVENT/ACTIVITY INFORMATION:

	<u>Greenbelt Resident Hourly Rate*</u>	<u>Non-Resident Hourly Rate</u>
___ Commercial Kitchen (Room 107) (License Required)	\$50.00	\$65.00
___ Gymnasium--Sports Only (Room 106)	\$45.00	\$55.00
___ Multi-Purpose Room (Room 201)	\$40.00	\$50.00
___ Dance Studio (Room 10)	\$35.00	\$45.00
___ Theater Rehearsal Room (Room 202)	\$30.00	\$40.00
___ Senior Classroom (Room 114)	\$25.00	\$35.00
___ Community Meeting Room (Room 103)	\$25.00	\$35.00
___ Gallery (Room 112)	\$25.00	\$35.00

Event/Activity: \_\_\_\_\_

Date(s) of Reservation: \_\_\_\_\_ Day(s) of Week: Su M T W R F Sa

Time of Reservation (include start and end time): \_\_\_\_\_

Number of persons expected: \_\_\_\_\_ Number of Tables needed: \_\_\_\_\_ Number of Chairs needed: \_\_\_\_\_

**\*Greenbelt proof of residency is required: State issued ID or current lease with a valid Greenbelt address.**

#### DISCLOSURE:

By signing this form you agree to abide by all procedures and rules outlined in the *Facility Usage Policies*, to accept full responsibility for all attendees of your event and understand all penalties associated with not abiding by these policies.

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### SECURITY DEPOSIT:

Applicants renting a room for a single date must pay the whole amount due before the rental will be processed. **A security deposit equal to the total rental fee or \$100, whichever is less, is also due before the rental will be processed.** If *Facility Usage Policies* are violated or damage to the facility and/or content occurs during the reservation, additional fees may be charged. If applicable, security deposit refund will be processed within ten business days following the date of the event.

**PAYMENT INFORMATION:** ☐Cash (only accepted M-F 9am-430pm) ☐Check ☐Money Order ☐Credit Card

Name on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Card Type: \_\_\_\_\_ Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit Card Holder Signature: \_\_\_\_\_